

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/582863 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		/			
4	2		/			
5	1		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	0		/			
11	/		/			
12	/		/			
13	/		/			
14	/		/			
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TOTAL IND.	4		4			
TOTAL DEP.	17	↓	15	↓		
TOTAL CLAIMS	21		19			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
61								
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TOTAL IND.				↓			↓	
TOTAL DEP.				↓			↓	
TOTAL CLAIMS								

BEST AVAILABLE COPY